

**Virginia Department of Agriculture and Consumer Services**  
**Division of Consumer Protection**  
**Office of Consumer Affairs**  
**P.O. Box 526 - Richmond, VA 23218**

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**REQUEST FOR EXEMPTION FROM ANNUAL REGISTRATION**

All applicants must attach to this form all documents required by the applicable section(s) of the Rules Governing the Solicitation of Contributions.

Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions in Virginia. If you do not provide this information, you may not solicit in Virginia.

Application fee: \$10.00. Make check payable to "Treasurer of Virginia."

**SECTION I. GENERAL INFORMATION**

Please check the category under which you are filing:

<input checked="" type="checkbox"/>	Category	Description	VA Code Section
<input type="checkbox"/>	A	Educational institutions and their foundations	57-60.A.1.
<input type="checkbox"/>	B	Solicitations for a named individual	57-60.A.2
<input type="checkbox"/>	C	Solicitations not to exceed \$5,000	57-60.A.3
<input type="checkbox"/>	D	Membership solicitations only	57-48 and 57-60.A.4
<input type="checkbox"/>	E	Solicitations by non-resident charitable organizations	57-60.A.5
<input type="checkbox"/>	F	Solicitations confined to five or fewer contiguous cities and counties	57-60.B.
<input type="checkbox"/>	G	Civic organizations	57-48 and 57-60.A.7
<input type="checkbox"/>	H	Health care institutions	57-60.A.6
<input type="checkbox"/>	I	Non-profit debt counseling agencies	57-60.A.8
<input type="checkbox"/>	J	Area agencies on aging	57-60.A.9
<input type="checkbox"/>	K	Trade associations	57-60.A.11
<input type="checkbox"/>	L	Labor unions, labor associations, and labor organizations	57-60.A.10

1. Primary name of the organization or trust fund:

\_\_\_\_\_

2. List any other names under which solicitations will be made:

\_\_\_\_\_

\_\_\_\_\_

3. Primary address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone

4. Mailing address if different: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

5. Main purpose of the organization or trust fund:

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6. Has the organization or trust fund contracted with any professional fundraising counsel or any professional solicitor? NOTE: Some categories of exemption will not apply if a professional fundraising counsel or professional solicitor is hired.

(Yes or No) \_\_\_\_\_. If "Yes," list name and address of the professional fundraising counsel or professional solicitor and attach a copy of the contract.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

## SECTION II. EXEMPTION INFORMATION

Complete ONLY the section that applies to your organization as indicated on the category checked on Page 1 of this form. Then, sign the acknowledgement section and have this form notarized.

### **Category A: EDUCATIONAL INSTITUTIONS AND THEIR FOUNDATIONS**

1. Name and address of principal, dean, or head of organization, by whatever title:

\_\_\_\_\_  
Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Please check the box that best describes your organization:

<input checked="" type="checkbox"/> (✓)	Description
<input type="checkbox"/>	A fully accredited educational institution. Attach a copy of the accreditation certificate.
<input type="checkbox"/>	A foundation that has an established identity with one or more accredited educational institutions. Attach a copy of the accreditation certificate of each institution, and a letter from the principal, dean, or the head of the institution by whatever name known, which states that the institution recognizes and corroborates the established identity.
<input type="checkbox"/>	An educational institution whose solicitations are confined to its student body, faculty, alumni, trustees, and their families. Attach a sample of the solicitation materials, or an outline of the fundraising program.

**Category B: SOLICITATIONS FOR A NAMED INDIVIDUAL**

1. Name of individual on whose behalf solicitations will be made:

\_\_\_\_\_

2. Projected dates of solicitation: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Name and address of principal officer of the trust fund:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

4. Name and address of the bank where the trust fund is established or located:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

5. Are any persons, including employees, officers or trustees, paid for their services to the organization?

(Yes or No) \_\_\_\_\_. If "Yes," indicate the source of the funds used for payment to these individuals, i.e. what was done to raise these funds or how the funds were generated.

\_\_\_\_\_

\_\_\_\_\_

**Category C: SOLICITATIONS NOT TO EXCEED \$5,000**

1. Are any persons, including employees, officers or trustees, paid for their services to the organization?

(Yes or No) \_\_\_\_\_. If "Yes," indicate the source of the funds used for payment to these individuals, i.e. what was done to raise these funds or how the funds were generated.

\_\_\_\_\_

\_\_\_\_\_

2. Total gross contributions received from the public in each of the last three calendar years. If the organization raises contributions of more than \$5,000 from the public during any given year, the organization shall register and report to the Commissioner within 30 days after the date on which the total contributions exceed \$5,000.

Year	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Category D: MEMBERSHIP SOLICITATION ONLY**

1. Do the organization's members have the right to vote or to hold office, in addition to receiving direct benefits?

(Yes or No) \_\_\_\_\_.

2. On any mailing or telephone call to potential members, do you request a contribution, in addition to membership dues? NOTE: Only members who have met the organization's membership requirements and who have been accepted by the organization, pursuant to the organization's bylaws, may be solicited for contributions under this exemption category. Organizations may seek potential members, but if such invitation includes a solicitation for contributions, this exemption will not apply.

(Yes or No) \_\_\_\_\_.

3. Will anyone outside the membership of the organization be conducting the solicitations? NOTE: Be advised that the membership solicitation exemption will not apply if a professional solicitor is employed.

(Yes or No) \_\_\_\_\_.

**Category E: SOLICITATIONS BY A NON-RESIDENT CHARITABLE ORGANIZATION**

1. Name and address of chapter, branch or affiliate located in Virginia which registers annually with the Commissioner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

2. Attach a description of solicitation activities to be conducted in Virginia.

**Category F: SOLICITATIONS CONFINED TO FIVE OR FEWER CONTIGUOUS CITIES AND COUNTIES**

1. Name the cities or counties where the organization intends to solicit contributions. Maximum of five.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name the cities and counties in which the organization has registered to solicit contributions and attach copies of permits. Include localities where the registration is pending.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Category G: CIVIC ORGANIZATION**

1. Please check the box that best describes your organization:

(✓)	Description
<input type="checkbox"/>	Fraternal society or association
<input type="checkbox"/>	Local civic league or association
<input type="checkbox"/>	Local service club
<input type="checkbox"/>	Veteran's post
<input type="checkbox"/>	Volunteer fire or rescue group

2. How will the organization use the contributions received?

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3. For local service clubs, or local civic leagues or associations, indicate the community in which your organization operates:

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City

State

Zip Code

**Category H: HEALTH CARE INSTITUTIONS**

Please check the box that best describes your organization and submit the appropriate attachment(s):

(✓)	Description	Include these attachments
<input type="checkbox"/>	Licensed 501(c)(3) health care institution	Copy of license
<input type="checkbox"/>	Designated federally qualified health center.	Documentation of designation
<input type="checkbox"/>	HCFA-certified rural health clinic	Attach a copy of the certification.
<input type="checkbox"/>	Free clinic	
<input type="checkbox"/>	Other organization whose existence is solely to support licensed health care institutions	Copy of the license and a letter from each health care institution's president, acknowledging the established identity with the health care institution(s).

**Category I: NONPROFIT DEBT COUNSELING AGENCIES**

Attach a copy of the organization's nonprofit debt counseling agency license issued by the State Corporation Commission.

**Category J: AREA AGENCIES ON AGING**

Has the Virginia Department for the Aging designated your organization as an area agency on aging?

(Yes or No) \_\_\_\_\_. If "Yes," attach a copy of the appropriate designation document.

**Category K: TRADE ASSOCIATIONS**

1. Is the organization a member of an association of business organizations having similar issues and engaged in similar fields formed for mutual protection, exchange of ideas and statistics, and for the maintenance of standards within their industry?

(Yes or No) \_\_\_\_\_. If "Yes," provide the name and contact address of the association.

Name of association: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

2. Is the organization an association of business organizations having similar issues and engaged in similar fields formed for mutual protection, exchange of ideas and statistics, and for the maintenance of standards within their industry?

(Yes or No) \_\_\_\_\_. If "Yes," provide listing of member organizations, including names and addresses.

**Category L: LABOR UNIONS, LABOR ASSOCIATIONS, AND LABOR ORGANIZATIONS**

Please check the type of labor group that best describes your organization:

(✓)	Type	Definition
	Labor union	An organization composed of workers, regulated by the Labor-Management Relations Act, organized for the purpose of securing favorable wages, improved labor conditions, better hours of labor, etc., and righting grievances against employers.
	Labor association	A group of labor unions or labor organizations acting together to better the conditions of workers.
	Labor organization	An organization dealing, through united action, with employers concerning grievances, labor disputes, wages, rates of pay, hours, or other terms or conditions of employment on behalf of the workers it represents.

### SECTION III. ACKNOWLEDGEMENT

I the undersigned president, vice president, treasurer, or other officer (trustee) duly authorized to act for the organization for which this request is made, acknowledge that this application for exemption has been examined by me and is, to the best of my knowledge and belief, a true and correct statement according to the law of the Commonwealth of Virginia.

\_\_\_\_\_  
Signature of sole proprietor or officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone number

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires (date)

**Virginia Department of Agriculture and Consumer Services**  
**Division of Consumer Protection**  
**Office of Consumer Affairs**  
**P.O. Box 526 - Richmond, VA 23218**

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**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION**

Unless otherwise noted, all information provided on this form and attachments must be for the current fiscal year. Financial reports (except budgets) will be for the most recently completed fiscal year.

Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in the denial of registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

1. Please check one:

<input checked="" type="checkbox"/>	<b>Type of registration</b>
<input type="checkbox"/>	Initial registration
<input type="checkbox"/>	Annual renewal

2. Organization's primary name:

\_\_\_\_\_

3. List any other names under which you may solicit contributions in Virginia:

\_\_\_\_\_

\_\_\_\_\_

4. Primary address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Mailing address if different: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Other contact information:

Telephone, including area code \_\_\_\_\_ Fax, including area code \_\_\_\_\_

Internet URL \_\_\_\_\_ Organization's official e-mail address \_\_\_\_\_

7. Other chapters, branches, affiliates or locations:

- a) Does the organization have any chapters, branches or affiliates in Virginia?

(Yes or No) \_\_\_\_\_. If "Yes:"

- i) Attach a list of addresses and telephone numbers for those offices.
- ii) Are the income and expenses of those groups included in your organization's financial statement?

(Yes or No) \_\_\_\_\_. If "Yes," a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization.



- b) Does the organization maintain any other offices in Virginia, other than local chapters, branches or affiliates?

(Yes or No) \_\_\_\_\_. If "Yes," attach a list of addresses and telephone numbers for those offices.

8. Please check one:

<input checked="" type="checkbox"/>	<b>Type of organization</b>
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify: _____)

9. Date of incorporation or formation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

10. Where was the organization legally established?

\_\_\_\_\_  
City State

11. What is the main purpose of the charitable organization?

\_\_\_\_\_  
\_\_\_\_\_

12. Name and address of designated agent for receipt of process within the Commonwealth of Virginia.  
NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

13. Organization's fiscal year:

a) Dates of the current fiscal year: From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- b) Has the organization recently changed its fiscal year?

(Yes or No) \_\_\_\_\_. If "Yes," provides the dates of the "short" fiscal year:

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

14. Is the organization exempt under the Internal Revenue Code? (Yes or No) \_\_\_\_\_.

15. Key personnel:

- a) Full name and title of the individuals having signatory power over the organization's funds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Full name and title of the individuals who approve the organization's budget:

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16. Percentage of fundraising expenses for the most recently completed fiscal year:

a) Total amount of contributions received directly from the public: \$ \_\_\_\_\_

b) Total spent on fundraising, including contracts with professional fund-raising counsel or professional solicitors:

\$ \_\_\_\_\_

c) Percent of fundraising expenses ( Line b divided by line a ): \_\_\_\_\_ %

17. Does the organization intend to solicit contributions from the public directly (including corporate grant proposals, door-to-door or telephone solicitations, special events, direct mail, etc.)?

(Yes or No) \_\_\_\_\_.

18. Does the organization intend to have others outside the organization (e.g. volunteers, federated fund-raising organizations, etc.) conduct solicitations on its behalf?

(Yes or No) \_\_\_\_\_.

19. For the current fiscal year, has your organization entered into an agreement or contract with any person(s) to conduct any aspects (including planning, managing, or carrying out) of a completed, current or upcoming solicitation?

(Yes or No) \_\_\_\_\_. If "Yes," please indicate the arrangement with your agency by checking below:

Category	( <input checked="" type="checkbox"/> )	Type of arrangement
A	<input type="checkbox"/>	A bona fide, salaried officer or employee of the charitable organization or its parent organization
B	<input type="checkbox"/>	An outside consultant or professional fundraising counsel
C	<input type="checkbox"/>	A paid professional solicitor

If B or C above are checked:

a) List the name and address of the appropriate professional fundraising counsel or professional solicitor:

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b) Attach a copy of the organization's current contract with that person, unless said contract was previously submitted as required by Section 57-54 of the Code of Virginia.

20. Please indicate how the organization will use the contributions received during the current fiscal year:

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21. Has the organization been authorized by any other state or governmental agency to solicit contributions?

(Yes or No) \_\_\_\_\_. If "Yes", name all such the agencies. Submit an attachment if necessary.

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22. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization currently enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

(Yes or No) \_\_\_\_\_. If "Yes," attach a statement describing the facts surrounding said injunction(s).

23. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

(Yes or No) \_\_\_\_\_. If "Yes," attach a statement describing the facts surrounding said conviction(s).

24. Please indicate the type of solicitation activities that your organization may pursue during the current fiscal year (Check all that apply):

<input checked="" type="checkbox"/>	Type of Solicitation
<input type="checkbox"/>	Telephone
<input type="checkbox"/>	Direct mail
<input type="checkbox"/>	Internet
<input type="checkbox"/>	Special events
<input type="checkbox"/>	Door-to-door
<input type="checkbox"/>	Personal contact
<input type="checkbox"/>	Other (Specify):

25. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions. If you do not provide this information, you may not solicit in Virginia.

## 26. OATH OR AFFIRMATION

Two (2) different officers must sign this registration form. The original must then be filed with the Office of Consumer Affairs. Copies are not allowed.

We, the undersigned Chief Fiscal Officer and President (or other authorized officer), duly authorized to act on behalf of the organization for which this statement is made, swear or affirm under penalties provided by law that this statement and including any accompanying appendices have been examined by us and is, to the best of our knowledge and belief, a true, correct and complete statement, pursuant to the laws of the Commonwealth of Virginia.

\_\_\_\_\_  
Signature of chief fiscal officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of president or other authorized officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires (date)

**Virginia Department of Agriculture and Consumer Services  
Division of Consumer Protection  
Office of Consumer Affairs  
P.O. Box 526 - Richmond, VA 23218**

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**REGISTRATION STATEMENT FOR A PROFESSIONAL FUNDRAISING COUNSEL**

Unless otherwise noted, all information provided on this form and attachments must be for the current year.

5. Primary name: \_\_\_\_\_

6. List any other names under which you may conduct business in Virginia:

\_\_\_\_\_  
\_\_\_\_\_

7. Primary address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

8. List addresses and telephone numbers of any other offices located in Virginia

\_\_\_\_\_  
\_\_\_\_\_

9. Type of organization (Check one): Corporation(\_\_\_\_) Partnership(\_\_\_\_) Sole Proprietorship(\_\_\_\_)

10. Date of incorporation or formation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. Where was the organization legally established?

City \_\_\_\_\_ State \_\_\_\_\_

8. Name and address of designated agent for receipt of process within the Commonwealth of Virginia:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

9. Please attach a list of officers and directors if the organization is a corporation or the names of the partners or principal owner and executive personnel if it is a partnership or sole proprietorship.

10. Have any of the persons listed in response to Question 9 been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses?

(Yes or No) \_\_\_\_\_. If "Yes," attach a statement describing the facts surrounding said conviction(s).

11. Have any of the persons listed in response to Question 9 been enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

(Yes or No) \_\_\_\_\_. If "Yes," attach a statement describing the facts surrounding said injunction(s).

12. Is the fundraising counsel filing this registration licensed by, registered with, or given a permit by any other state or governmental agency for the purpose of consulting with a civic or charitable organization?

(Yes or No) \_\_\_\_\_. If "Yes", name the agencies.

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13. Has the fundraising counsel filing this registration ever been denied a license, permit, or registration by any state or local government?

(Yes or No) \_\_\_\_\_. If "Yes," provide details.

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14. Are any solicitations performed:

- a. Directly by your organization?

(Yes or No) \_\_\_\_\_. If yes, you do not qualify as a fundraising counsel. Use Form 104.

- b. Through organizations or persons under your organization's direction, other than the charitable or civic organization for which you consult?

(Yes or No) \_\_\_\_\_. If yes, you may not qualify as a fundraising counsel. Attach a listing of the organizations and/or persons under your direction and copies all related contracts.

15. Attach a list of the names and addresses of all charitable and civic organizations with which your organization has current contracts and the term of service for which solicitations for contributions will occur in Virginia.

16. Are any of the members, partners, officers, directors or executive personnel of the fundraising counsel filing this registration members, partners, officers, directors or executives of, or otherwise associated with, any civic or charitable organization with which this fundraising counsel has contracts?

(Yes or No) \_\_\_\_\_. If "Yes," provide the following information. Use additional pages if necessary.

Name of Individual	Name of Organization	Connection with organization
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Attach to this form all documents or copies thereof required by the applicable sections of the Rules Governing the Solicitation of Contributions.

18. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the soliciting of charitable contributions. If you do not provide this information, you may not solicit in Virginia.

19. The registration fee for professional fund-raising counsel is \$100.00. Please make check payable to "Treasurer of Virginia."

20. OATH OR AFFIRMATION

I, the undersigned swear or affirm under penalties provided by law that this Registration Statement (including any accompanying appendices) has been examined by me and is, to the best of my knowledge and belief, a true, correct and complete statement for the current year, pursuant to the laws of the Commonwealth of Virginia.

\_\_\_\_\_  
Signature of sole proprietor or officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime telephone number

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires (date)

**Virginia Department of Agriculture and Consumer Services  
Division of Consumer Protection  
Office of Consumer Affairs  
P.O. Box 526 - Richmond, VA 23218**

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**REGISTRATION STATEMENT FOR A PROFESSIONAL SOLICITOR**

All information provided on this form and related attachments must be for the current year, unless otherwise noted.

Registration fee: \$500.00. Late filing fee: 250.00. Make check payable to "Treasurer of Virginia."

1. Primary name: \_\_\_\_\_

2. List any other names under which you may conduct business in Virginia:

\_\_\_\_\_  
\_\_\_\_\_

3. Primary address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone

4. List addresses and telephone numbers of any other offices located in Virginia

\_\_\_\_\_  
\_\_\_\_\_

5. Type of organization (Check one): Corporation(\_\_\_\_) Partnership(\_\_\_\_) Sole Proprietorship(\_\_\_\_)

6. Date of incorporation or formation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. Where was the organization legally established?

\_\_\_\_\_  
City State

8. Name and address of designated agent for receipt of process (e.g., registered agent or officer) within the Commonwealth of Virginia:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

9. Please attach a list of officers and directors if the organization is a corporation or the names of the partners or principal owner and executive personnel if it is a partnership or sole proprietorship.



10. Have any of the persons listed in response to Question 9 been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses?

(Yes or No) \_\_\_\_\_. If "Yes," attach a statement describing the facts surrounding said conviction(s).

11. Have any of the persons listed in response to Question 9 been enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

(Yes or No) \_\_\_\_\_. If "Yes," attach a statement describing the facts surrounding said injunction(s) or prohibition(s).

12. Is the professional solicitor filing this registration licensed by, registered with, or given a permit by any other state or governmental agency for the purpose of consulting with a civic or charitable organization?

(Yes or No) \_\_\_\_\_. If "Yes", name the agencies.

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13. Has the professional solicitor filing this registration ever been denied a license, permit, or registration by any state or local government?

(Yes or No) \_\_\_\_\_. If "Yes," a statement describing the facts surrounding said denial(s).

14. Attach a list of the names and addresses of all charitable and civic organizations with which your organization has current contracts to solicit contributions in Virginia and the term of contracted services.

15. Are any of the members, partners, officers, directors or executive personnel of the professional solicitor filing this registration also members, partners, officers, directors or executives of, or otherwise associated with, any civic or charitable organization with which this professional solicitor has contracts?

(Yes or No) \_\_\_\_\_. If "Yes," provide the following information. Use additional pages if necessary.

Name of Individual	Name of Organization	Connection with organization

16. Attach a list with of the full names and home addresses of all individuals employed by the organization to supervise the solicitation of contributions occurring in Virginia, and the terms of their remuneration (e.g. salary, commission, bonus, etc.)

17. Pursuant to Section 57-61.F of the Code of Virginia, has the professional solicitor filing this registration maintained, during each solicitation campaign and for not less than 3 years afterward (or for the length of time since formation, if less than 3 years), the following records? (Check all that apply)

(✓)	Records
	The name and address of each contributor and the date and amount of the contribution.
	The name and residence address of each employee, agent, or other person involved in the solicitation
	Records of all expenses incurred in the course of the solicitation campaign.
	The account number and location of all bank accounts where receipts from the campaign were deposited

18. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are advised that you are required by law to supply this information as a prerequisite to the soliciting of charitable contributions. If you do not provide this information, you may not solicit in Virginia.
19. Bond Requirement: As required by the Virginia Solicitation of Contributions Law and the Rules Governing the Solicitation of Contributions, each professional solicitor shall, at the time this form is initially filed, submit for approval a bond to run to the benefit of the Commonwealth of Virginia in which the professional solicitor shall be the principal obligor in the sum of \$20,000. Such bond shall be maintained in effect, or a replacement bond provided, for the length of time the professional solicitor solicits in Virginia.

20. OATH OR AFFIRMATION

I, the undersigned swear or affirm under penalties provided by law that this Registration Statement (including any accompanying appendices) has been examined by me and is, to the best of my knowledge and belief, a true, correct and complete statement for the current year, pursuant to the laws of the Commonwealth of Virginia.

\_\_\_\_\_  
Signature of sole proprietor or officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime telephone number

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires (date)

## PROFESSIONAL SOLICITOR'S BOND

Bond Number: \_\_\_\_\_ Date Received by VDACS: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS: That we, \_\_\_\_\_

\_\_\_\_\_

hereinafter called the Principal, and \_\_\_\_\_

\_\_\_\_\_

hereinafter called the Surety, or Sureties, are held and firmly bound unto the Commonwealth of Virginia, in the sum of Twenty Thousand Dollars (\$20,000) for the payment thereof, the Principal and Sureties bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly to this bond and the obligations agreed to herein by these presents.

WHEREAS, the Principal proposes to commence and engage within the Commonwealth of Virginia in the activities of a professional solicitor as those terms are defined in section 57-48 of the Code of Virginia (1950), as amended.

NOW, THEREFORE, this bond shall be for the purpose of reimbursing the Commonwealth of Virginia and the citizens thereof for any penalties or losses resulting from malfeasance, nonfeasance, or misfeasance in the conduct of charitable solicitation activities by the principal and his agents, servants or employees.

This bond shall be effective until such time as the surety terminates the bond, giving thirty (30) days' written notification to the Commissioner of the Virginia Department of Agriculture and Consumer Services of such termination. Failure to give such prior written notification shall result in the continuation of this bond's effectiveness. Termination shall not release the surety from any liability for malfeasance, nonfeasance, or misfeasance that occurred prior to the effective date of termination. Termination shall not release the principal whatsoever.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the presence of:

\_\_\_\_\_  
Signature of Principal as to \_\_\_\_\_ (Seal)  
Printed name/title of Principal

\_\_\_\_\_  
Signature of Principal as to \_\_\_\_\_ (Seal)  
Printed name/title of Principal

\_\_\_\_\_  
Signature of Principal as to \_\_\_\_\_ (Seal)  
Printed name/title of Principal

\_\_\_\_\_  
Signature of Attorney-in-fact as to \_\_\_\_\_ (Seal)  
Printed name/title of Attorney-in-fact

\_\_\_\_\_  
Signature of VDACS official

Signed by or on behalf of the Commissioner of the Virginia Department of Agriculture and Consumer Services, P.O. Box 1163, Room 103, Richmond, VA 23219

**Virginia Department of Agriculture and Consumer Services**  
**Division of Consumer Protection**  
**Office of Consumer Affairs**  
**1100 Bank Street, Suite 103 - Richmond, VA 23219**

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**SOLICITATION NOTICE**

Pursuant to Section 57-61(D) of the Code of Virginia (1950), as amended, professional solicitors shall complete this Solicitation Notice in its entirety.

Professional solicitors shall submit a properly completed Solicitation Notice for every fundraising campaign, as well as on the anniversary date of the signed contract for any continuous fundraising campaign. Incomplete forms shall not be considered as filed.

Professional solicitors shall submit, upon cancellation of a fund-raising campaign, a copy of appropriate Solicitation Notice previously filed, with a statement indicating that the campaign has been canceled.

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Name of charitable or civic organization sponsoring the campaign

---

Address of charitable or civic organization sponsoring the campaign

---

City

---

State

---

Zip Code

---

Name of contact person

---

Telephone number

---

Name of professional solicitor

---

Solicitor's telephone number

---

Name of telephone room or call center director

---

Director's telephone number

---

Address of telephone room or call center

---

City

---

State

---

Zip Code

---

Description of solicitation: \_\_\_\_\_

---

Date of performance, if any:     \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of solicitation: From     \_\_\_\_ / \_\_\_\_ / \_\_\_\_     to     \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OATH OR AFFIRMATION – PROFESSIONAL SOLICITOR

I hereby certify, under penalty of perjury, that all information contained in this notice and all accompanying materials are true and complete.

\_\_\_\_\_  
Signature of authorized representative  
of Professional Solicitor

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

OATH OR AFFIRMATION – SPONSOR

I hereby certify that the Solicitation Notice and accompanying materials are true and complete.

\_\_\_\_\_  
Signature of authorized representative  
of sponsor

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Virginia Department of Agriculture and Consumer Services**  
**Division of Consumer Protection**  
**Office of Consumer Affairs**  
**1100 Bank Street, Suite 103 - Richmond, VA 23219**

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**CONSENT TO SOLICIT**

**SECTION I. GENERAL INFORMATION**

Pursuant to Section 57-57(F) of the Code of Virginia (1950), as amended, the undersigned hereby gives consent to:

Name of professional solicitor: \_\_\_\_\_

Address of professional solicitor: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

and his agent or subcontractor, if any:

Name of subcontractor: \_\_\_\_\_

Address of subcontractor: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

to solicit charitable contributions for the organization listed below, or to use its name in the solicitation of contributions.

\_\_\_\_\_  
Name of charitable or civic organization sponsoring the campaign

\_\_\_\_\_  
Address of charitable or civic organization sponsoring the campaign

\_\_\_\_\_  
City State Zip Code

This consent shall be valid for a period not to exceed one year, as follows:

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **SECTION II. SIGNATURES OF OFFICERS OF CHARITABLE OR CIVIC ORGANIZATION**

Two (2) officers must sign this authorization. The original must then be filed with the Office of Consumer Affairs. Copies are not allowed.

\_\_\_\_\_  
Signature of first officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of second officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## **SECTION III. SIGNATURES OF PROFESSIONAL SOLICITORS AND SUBCONTRACTORS**

As required by Section 57-57(F) of the Code of Virginia, the professional solicitor and any subcontractor must keep a copy of this authorization with him when making solicitations and exhibit it upon request to persons solicited, police officers, or agents of the Commissioner of the Virginia Department of Agriculture and Consumer Services.

\_\_\_\_\_  
Signature of professional solicitor

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of subcontractor

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title





8. For an advertising campaign, provide the following information:

Total advertising dollars raised: \$ \_\_\_\_\_

Number of publications / copies distributed: \_\_\_\_\_

9. VERIFICATION BY CHARITABLE OR CIVIC ORGANIZATION

I, the executive officer of the charitable or civic organization:

- a) Have reviewed this report at the conclusion of the fundraising campaign.
- b) Verify that all requests for information in this form are properly completed.
- c) Verify that the amount listed as the "Amount received or retained by charitable or civic organization" (check one) is ( ☐ ) / is NOT ( ☐ ) the actual amount received or retained by the charitable or civic organization. If the amount listed is not the actual amount received or retained, I have attached a full explanation for the discrepancy.
- d) Verify that I (check one) have ( ☐ ) / have NOT ( ☐ ) received copies of the bank statements from this campaign account from the professional solicitor on a monthly basis.

\_\_\_\_\_  
Signature of executive officer

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

10. ATTESTATION BY THE PROFESSIONAL SOLICITOR

You must fully complete and attach Form 131, "Accounting for all Ticket Sales Including Solicitation for Donated Tickets (Schedule A)" to this form for any campaign involving the solicitation for donation of tickets to a third party.

This form with original signatures must be submitted to the Office of Consumer Affairs. Copies are not allowed. The Office of Consumer Affairs reserves the right to request additional information regarding this report.

I attest that this accounting is true and accurate and includes all required attachments.

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

**Virginia Department of Agriculture and Consumer Services**  
**Division of Consumer Protection**  
**Office of Consumer Affairs**  
**1100 Bank Street, Suite 103 - Richmond, VA 23219**

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**SCHEDULE A**  
**ACCOUNTING FOR ALL TICKET SALES, INCLUDING SOLICITATION FOR DONATED TICKETS**

Applicable to all ticket sales, including those sold on the representation that the tickets may be donated for use by a third party.

1. Total dollar amount of pledges: \$ \_\_\_\_\_
  2. Breakdown of prices for tickets:
    - a. Adult or highest cost ticket: \$ \_\_\_\_\_ Number of persons per ticket: \_\_\_\_\_
    - b. Children's ticket: \$ \_\_\_\_\_ Number of children per ticket: \_\_\_\_\_
    - c. Other (explain below): \$ \_\_\_\_\_ Number of persons per ticket: \_\_\_\_\_
  3. Total revenue from sale of tickets:
    - a. Adult tickets sold: \_\_\_\_\_ Revenue from adults: \$ \_\_\_\_\_
    - b. Children tickets sold: \_\_\_\_\_ Revenue from children: \$ \_\_\_\_\_
    - c. Other tickets sold: \_\_\_\_\_ Revenue from others: \$ \_\_\_\_\_
    - d. Total revenue: \$ \_\_\_\_\_
  4. Total number of third party tickets returned by donors for distribution: \_\_\_\_\_
  5. Total number of tickets distributed to third parties: \_\_\_\_\_
- Attach copies of all signed Form 132, "Commitment for Receipt of Donated Tickets," from organizations that accepted tickets.
6. Dates of "straight sales" solicitations: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  7. Total revenue from "straight sales:"
    - a. Adult tickets sold: \_\_\_\_\_ Revenue from adults: \$ \_\_\_\_\_
    - b. Children tickets sold: \_\_\_\_\_ Revenue from children: \$ \_\_\_\_\_
    - c. Other tickets sold: \_\_\_\_\_ Revenue from others: \$ \_\_\_\_\_
    - d. Total revenue: \$ \_\_\_\_\_
  8. Date of event: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
  9. Location of event: \_\_\_\_\_
  10. Capacity of venue: \_\_\_\_\_
  11. Total event attendance: \_\_\_\_\_

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**COMMITMENT FOR RECEIPT OF DONATED TICKETS**

This is to acknowledge that \_\_\_\_\_  
(Name of organization receiving tickets)

agrees to accept \_\_\_\_\_ tickets,  
(Number of)

from \_\_\_\_\_  
(Name of professional solicitor's company)

which will admit \_\_\_\_\_ individuals  
(Number of)

to attend \_\_\_\_\_  
(Name of event)

on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_  
(Date) (Name of venue)

sponsored by \_\_\_\_\_  
(Name of charitable or civic organization)

AFFIRMATION of organization receiving tickets

I hereby acknowledge that I have read the above statement and affirm that I can reasonably expect to distribute the number of tickets listed above, representing the number of individuals listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Address: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone